

In case of multiple births, a SEPARATE RETURN must be made for each, and the order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 33121
Registered No. 33

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marvin Lester Fair

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 6. Legitimate? yes 7. Date of birth Feb. 7, 1927
Month Day Year

8. FATHER
Full name Samuel Lester Fair

14. MOTHER
Full maiden name Alice Louise Salladay

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 25 (Years)

16. Color or race white 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Smith County Kansas
(State or country)

18. Birthplace (city or place) Globe, Arizona
(State or country)

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother Two
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Two
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:50 p.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. R. Harper
Physician
(Physician or midwife.)

Given name added from a supplemental report. Address Globe, Ariz.

Month, day, year

Filed 2/28 1927 M. H. Horst
Registrar

Registrar

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